

# APPENDIX A. FORM 11-94 HHSA

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## COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY DOCUMENTATION OF REASONABLE SUSPICION

1. CASE NO. AND FBU: \_\_\_\_\_

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

2. THE CLIENT EXHIBITED THE FOLLOWING OBJECTIVE SYMPTOMS:

### APPEARANCE

- ☐ burned fingertips or lips
- ☐ drug symbols/paraphernalia
- ☐ extremely thin
- ☐ needle marks or tracks
- ☐ profuse sweating, chills
- ☐ ulcers/sores in and around nose

### BEHAVIOR

- ☐ belligerent
- ☐ blank stare, stupor
- ☐ distracted or poor concentration
- ☐ delusions or hallucinations
- ☐ hyperactivity/agitated/anxious/rapid breathing
- ☐ lethargic

- ☐ nodding off
- ☐ non-responsive
- ☐ paranoia
- ☐ scratching
- ☐ tremors/shaking, e.g. hands
- ☐ unstable balance, uncoordinated
- ☐ unusual behavior \_\_\_\_\_

### BREATH

- ☐ alcoholic

### EYES

- ☐ bloodshot
- ☐ erratic eye movement
- ☐ pupils, enlarged
- ☐ pupils, pinpointed
- ☐ sunglasses indoors
- ☐ watery

### SPEECH

- ☐ abusive
- ☐ mumbles/rambles
- ☐ rapid
- ☐ slurred
- ☐ excessive talking

### FACE

- ☐ acne/sores
- ☐ broken blood vessels-nose
- ☐ runny nose/sniffing
- ☐ strong thirst/dry mouth

3. DOES THE CLIENT ADMIT TO:

An alcohol/drug problem? ☐ NO ☐ YES

Prior arrests/drug treatment? ☐ NO ☐ YES

4. DOES MEDS OR SSA INDICATE THAT THE CLIENT HAS BEEN DISCONTINUED OR DENIED SSI DUE TO DA & A?

☐ NO ☐ YES

5. OTHER BASES, IF ANY, FOR REFERRAL (i.e., PRIOR GRADS ORIENTATION/PHASE III REFERRAL OR CODED CD ON SS):

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6. ARE THERE ANY OTHER FACTS AVAILABLE THAT COULD ATTRIBUTE TO SOMETHING OTHER THAN SUBSTANCE ABUSE?

☐ NO ☐ YES

IF YES, EXPLAIN \_\_\_\_\_

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7. BASED ON ITEMS 2 THROUGH 6 ABOVE, DOES REASONABLE SUSPICION EXIST TO REFER THE CLIENT TO GRADS?

☐ NO ☐ YES

**COMPLETED BY** (initials) \_\_\_\_\_

**Wk No.:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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